Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1996

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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
FOR		NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE *
BASIC FEE							385.00	OR		770.00
TOTAL CLAIMS / minus 20 =						x\$11=	4	OR	x\$22=	
INDEPENDENT CLAIMS minus 3 =						x40=		OR	x80=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
f the difference in column 1 is less than zero, enter "0" in column 2						, TOTAL	3859	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALI	SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			x\$11=		OR	x\$22=	
	Independent		Minus	***		x40=		OR	.x80≐	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
La companya di Maria di Maria Maria di Maria di Ma						TOTAL ADDIT FEE		OR	TOTAL:	
·ν.		(Column 1)		(Column 2)	(Column 3)		ng tabban k		JOINT LL.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			x\$11=		OR	x\$22=	
	Independent		Minus	***	=	x40=		OR	x80=.	17 XXX
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	7 7 7 7
(Column 1) (Column 2) (Column 3) TOTAL ADDIT. FEE OR ADDIT. FEE										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	3 2	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	x40=		OR	x80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=							OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** The "Highest Number Previously Paid For" (Total Space Is less than 3, enter "3."								OR	TOTAL ADDIT. FEE	

FORM **PTO-875** (Rev. 10/96)